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PTO/SB/01

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office: US DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket No.	PUR01 P-316
	First Named Inventor	Athol E. Meder
	<i>COMPLETE IF KNOWN</i>	
	Application No.	
	Filing Date	
	Group Art Unit	
	Examiner Name	
<input checked="" type="checkbox"/> Declaration Submitted with Initial Filing or <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)		

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

WATER DISPENSER

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

05/08/00

☒ was filed on (MM/DD/YY)

as United States Application No. or PCT International

PCT/US00/12523

Application No.

and was amended on (MM/DD/YY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37 Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35 United States Code § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority sheet PTO/SB/02B attached hereto:

I hereby claim benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority sheet PTO/SB/02B attached hereto.
60/133,352	05/10/99	

(Page 1 of 3)

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DECLARATION - Utility or Design Patent Application

I hereby claim the benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Patent Number	Parent Filing Date (MM/DD/YY)	Parent Patent Number (if applicable)
PCT/US00/12523	05/08/00	

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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ■ Customer Number 28101 → Place Customer No. For Code Label Here

OR

☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ■ Customer No.

or Bar Code Label

28101

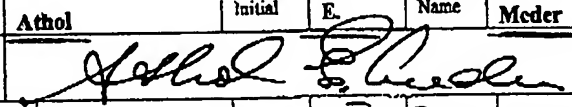
OR ☐ Correspondence address below

Name			
Address			
City	State	ZIP	
Country	United States of America	Telephone	Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor.

Given Name	Athol	Middle Initial	E.	Family Name	Meder	Suffix e.g., Jr.	
Inventor's Signature						Date	11-3-01
Residence: City	Lincoln	State	NE	Country	United States	Citizenship	NZ
Post Office Address	6411 Rolling Hills Drive						
Post Office Address							
City	Lincoln	State	NE	Zip	68512	Country	United States

■ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

2-D

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.					
Given Name	Jeffrey	Middle Initial	L.	Family Name	Bell	Suffix e.g., Jr.	
Inventor's Signature					Date		
Residence: City	Lincoln	State	NE	Country	United States	Citizenship	U.S.
Post Office Address	2721 Ammon Avenue						
Post Office Address							
City	Lincoln	State	NE	Zip	68507	Country	United States

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.					
Given Name		Middle Initial		Family Name		Suffix e.g., Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.					
Given Name		Middle Initial		Family Name		Suffix e.g., Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	

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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: ☒ Customer Number

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OR

☐ Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☒ Customer No.

28101

or Bar Code Label

OR

☐ Correspondence address below

Name					
Address					
City		State		ZIP	
Country	United States of America	Telephone		Fax	

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Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor.

Given Name	Athol	Middle Initial	E.	Family Name	Meder	Suffix e.g., Jr.	
Inventor's Signature					Date		
Residence: City	Lincoln	State	NE	Country	United States	Citizenship	NZ
Post Office Address	6411 Rolling Hills Drive						
Post Office Address							
City	Lincoln	State	NE	Zip	68512	Country	United States

☒ Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.					
Given Name	Jeffrey	Middle Initial	L.	Family Name	Bell	Suffix e.g., Jr.	
Inventor's Signature	<i>Jeffrey L. Bell</i>				Date	10/31/01	
Residence: City	Newton	State	IA	Country	United States	Citizenship	U.S.
Post Office Address		1620 W. 7 th St S. #6					
Post Office Address							
City	Newton	State	IA	Zip	50208	Country	United States

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.					
Given Name		Middle Initial		Family Name		Suffix e.g., Jr.	
Inventor's Signature					Date		
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		Zip		Country	

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.					
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